

**PRESIDENTIAL DEBATE VOLUNTEER APPLICATION**  
**STUDENT VOLUNTEER APPLICATION**

(The information contained in this application will be kept confidential and will only be used by the Debate Volunteer Committee as necessary for official University purposes.)

Please return the completed application to the Office of Student Life, University Center #228 by Tuesday, September 7, 2004 at 5 p.m. Interviews will be held September 7-9, 2004. Please schedule an interview when submitting the application.

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

LOCAL ADDRESS \_\_\_\_\_  
 STREET APT. #

CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
 STREET APT. #

CITY STATE ZIP

PERMANENT PHONE CELL PHONE

STUDENT ID # SOCIAL SECURITY # DATE OF BIRTH

EMAIL \_\_\_\_\_

CLASSIFICATION: FR SO JR SR GRADUATE LAW MEDICAL  
 (AS OF FALL 2004)

SCHOOL/COLLEGE MAJOR MINOR

CUMULATIVE GPA T-SHIRT SIZE



STUDENT VOLUNTEER APPLICATION continued

BILINGUAL  Yes  No

IF YES, LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH:

\_\_\_\_\_

REGISTERED VOTER  Yes  
 No

PARTY AFFILIATION  DEMOCRATIC  
 REPUBLICAN  
 INDEPENDENT  
 OTHER SPECIFY \_\_\_\_\_

1. ARE YOU INTERESTED IN SERVING AS A "TEAM LEADER"?  Yes  No

2. WOULD YOU MAKE YOURSELF AVAILABLE FOR MEDIA INTERVIEWS?  Yes  No

3. LIST THE STUDENT ORGANIZATIONS IN WHICH YOU ARE PRESENTLY INVOLVED OR IN WHICH YOU PLAN TO BE INVOLVED DURING THE FALL 2004 SEMESTER.

4. PLEASE LIST ANY LEADERSHIP POSITIONS HELD WHILE IN COLLEGE. (IF NOT AT THE UNIVERSITY OF MIAMI, PLEASE SPECIFY THE INSTITUTION.)

5. WHY ARE YOU APPLYING TO VOLUNTEER AND WHAT DO YOU HOPE TO GAIN FROM THE EXPERIENCE?

6. WHAT IS THE IMPORTANCE OF COLLEGE STUDENTS VOTING AND BECOMING INVOLVED IN THE ELECTION PROCESS?

7. PLEASE ATTACH A COPY OF YOUR CURRENT RESUME.

NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

